

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41053

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 389

Primary Registration District No. 3002

(No. 2843 Benton Blvd)

File No. _____

Registered No. 5041

Ward _____

2. FULL NAME

Dr. James Shelton Eldredge

(a) Residence, No. 2843 Benton Blvd., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Mrs. Martha Eldredge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 27 - 1890

7. AGE

YEARS

61

MONTHS

5

DAYS

22

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Dr. of Medicine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

(M.D.)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Booneville Missouri

FATHER

13. NAME

Charles Eldredge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Rhode Island

MOTHER

15. MAIDEN NAME

Martha Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT

Mrs. Martha E. Eldredge
(ADDRESS) 2843 Benton Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE Dec. 21 1931

19. UNDERTAKER

W. H. Newcomer's Sons
(ADDRESS) 211 East 9th St.

20. FILED

17 21 1931 W. M. Crowe
Asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dec., 1928, to Dec. 17, 1931

I last saw him alive on Dec. 17, 1931. Death is said

to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris 1928,
(Coronary Thrombosis) 1928,
94B

Other contributory causes of importance:

arteriosclerosis of
of coronary arteries

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. S. Shelton, M. D.

(Address) 608 W. 10th St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Vineyard Park Hospital